

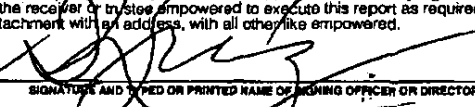


**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90475 026 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000018597</b>					
1. Entity Name <b>KIDWORKS LEARNING &amp; ACTIVITY CENTER, INC.</b>					
Principal Place of Business <b>C/O 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126</b>		Mailing Address <b>C/O 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>57-1162249</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126</b>			Name <b>Law Offices of Marquez &amp; Marcelo Robaina, P.A. LeJeune Center, Suite 548 782 N.W. LeJeune Road Miami, Florida 33126</b>		
			Street Address		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE <b>4/13/04</b>		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>PS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARQUEZ-MOLINA, KAREN</b>		NAME	<b>MARQUEZ-MOLINA, Karen</b>	
STREET ADDRESS	<b>782 NW LEJEUNE ROAD, SUITE 548</b>		STREET ADDRESS	<b>782 NW LeJeune Road, Suite 548</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>		CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>DVPT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>MOLINA, Raul G.</b>	
STREET ADDRESS			STREET ADDRESS	<b>782 NW LeJeune Road, Suite 548</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Miami, FL 33126</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE <b>4/13/04 (305) 447-1160</b>		
Signature and typed or printed name of signing officer or director			Date Daytime Phone #		

66423068



03302004 Chg-P CR2E034 (10/03)